

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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COVER PAGE

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CITY CLERK'S OFFICE
CITY OF SANTA MARIA

CALIFORNIA
FORM 460

Date of election if applicable:
(Month, Day, Year)

Statement covers period

from 01/01/2015

11/08/2016

through 06/30/2015

Page 1 of 4

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
☐ Primarily Formed Candidate/Officeholder Committee
☐ (Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ (Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1342332

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Patino for Mayor 2016

Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2624 Air Park Dr.

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

(805) 934-5737

NAME OF ASSISTANT TREASURER, IF ANY

Trent Benedetti

MAILING ADDRESS

2151 S. College Dr., Ste. 101

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

ton@martinezassoc.net

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7/31/2015

Date

Executed on

7/31/2015

Date

Executed on

Date

Executed on

Date

By Trent Benedetti
Signature of Treasurer or Assistant Treasurer

By Olivia M. Patino
Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
State of California
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

| | | | |
|--|--|-------------|-----------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | |
| Alice Patino | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | | | |
| | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | | CITY | STATE ZIP |
| 2624 Airpark Drive | | Santa Maria | CA 93455 |

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | | | |
|-------------------|---|----------|-----------------|
| COMMITTEE NAME | I.D. NUMBER | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
| COMMITTEE NAME | I.D. NUMBER | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

| | |
|------------------------|--|
| NAME OF BALLOT MEASURE | |
| BALLOT NO. OR LETTER | JURISDICTION |
| | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE |

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| | |
|---|---------------------|
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
| | |

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 01/01/2015
through 06/30/2015

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2016

I.D. NUMBER

1342332

Contributions Received

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1. Monetary Contributions
2. Loans Received
3. SUBTOTAL CASH CONTRIBUTIONS
4. Nonmonetary Contributions
5. TOTAL CONTRIBUTIONS RECEIVED

Schedule A, Line 3
Schedule B, Line 3
Add Lines 1 + 2
Schedule C, Line 3
Add Lines 3 + 4

\$ 0.00
\$ 0.00
\$ 0.00
\$ 0.00
\$ 0.00

Column B
CALENDAR YEAR
TOTAL TO DATE

1/1 through 6/30
7/1 to Date

20. Contributions Received
21. Expenditures Made

\$
\$

Expenditures Made

Expenditure Limit Summary for State Candidates

6. Payments Made
7. Loans Made
8. SUBTOTAL CASH PAYMENTS
9. Accrued Expenses (Unpaid Bills)
10. Nonmonetary Adjustment
11. TOTAL EXPENDITURES MADE

Schedule E, Line 4
Schedule H, Line 3
Add Lines 6 + 7
Schedule F, Line 3
Schedule C, Line 3
Add Lines 8 + 9 + 10

\$ 54.75
\$ 0.00
\$ 54.75
\$ 0.00
\$ 0.00
\$ 54.75

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election
(mm/dd/yy)

Total to Date

\$ _____
\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16
13. Cash Receipts Column A, Line 3 above
14. Miscellaneous Increases to Cash Schedule I, Line 4
15. Cash Payments Column A, Line 8 above
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15

1,325.51
0.00
0.00
54.75
1,270.76

*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2

0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse
19. Outstanding Debts Add Line 2 + Line 9 in Column B above

0.00
0.00

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
FORM

Statement covers period
from 01/01/2015
through 06/30/2015

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2016

I.D. NUMBER

1342332

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

CODE OR

DESCRIPTION OF PAYMENT

AMOUNT PAID

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

0.00

Schedule E Summary

| | | |
|--|----------|-------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 0.00 |
| 2. Unitemized payments made this period of under \$100 | \$ | 54.75 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 54.75 |